D	Initial Application
剧	Amended Application
Da	te:



committee id number (office use only)

COMMITTEE TYPE (choose one):

Candidate	Atenas for Goody ear City (auricil
Committee Name (required): first or last name & office)	100 4/2010 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Candidate Information:	Candidate's Name (required): Atenas Rodrigue?
	Candidate's mailing address (required): 1171 No 1632d Ly Gostycas, HZ 8533
	Candidate's email address (required): Attents, Stuart & Gmail.com
	Candidate's phone number (required): 423-476-97.52
_	Candidate's website (if any):
Office Sought (choose one):	4
,	City/Town Office: COUNCI District (if applicable):
	☑ School Board Office: ☑ District (if applicable):
	Special District Board: District (if applicable):
lection Cycle for Office Soug	ight (year the election will take place) (required): 2077
Party Affiliation: required for partisan offices)	☑ Democrat ☑ Green ☑ Libertarian ☑ Republican ☑ Other:
	□ Contributions □ Candidate-Related Independent Expenditures
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
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colitical Function (optional): select any that apply) Sponsorship Information:	☐ Ballot Measure Expenditures ☐ Recall Expenditures
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Political Function (optional): select any that apply) Sponsorship Information: f applicable) Special Status f applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's phone number (if any): □ Sponsor's website (if any): □ □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ □ Standing Committee (must also complete separate standing committee registration) □ □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

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Arizona Secretary of State Revision 7/29/2021

CILA CFEKKS OFFICE

CILA OF GOODYEAR

	Initial Application
	Amended Application
DS	ite:



committee in Number (office use only)
2022-03

COMMITTEE INFORMATION:

Committee's phone number (if any): 623- Committee's website (if any): 623- Committee's website (if any): 623- Chairperson's Information: Chairperson's name (required): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Add M	N. 163rd In Goodgear, AZ 95338 106. Stuart D gmail.com 176-9752 orgoodyear.com
Chairperson's Information: Chairperson's name (required): Chairperson's mailing address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required):	orgoodyear.com
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Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required):	
Chairperson's occupation (required):	
Treasurer's Information: Treasurer's name (required):	
Treasurer's Information: Treasurer's name (required):	
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reasurer's physical address (required). 111	1 N. 163Rd Cn Goodgraf AZ 8533
Treasurer's mailing address (if different):	
Treasurer's email address (required): address	.a. Stuart 2 gmail.com
	603-2788
Treasurer's employer (required): AMAZO	<u> </u>
Treasurer's occupation (required):	ning covedinator
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Additional bank name (if applicable):	